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February 16, 2010

TO : U.S. PATENT & TRADEMARK OFFICE

ATTN: Examiner - Wilson Lee

FAX NO.: 571-273-8300

TELEPHONE:

FROM: Mehdi Sheikerz

RE: U.S. PATENT APPLICATION SERIAL NO. 10/766,039

ATTORNEY DOCKET: 1538.1045

NO. OF PAGES (Including this Cover Sheet) 14

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Reply/Amendment Fee Transmittal (1 page), Amendment After Non Final Rejection (12 pages)

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P.O. Box 1480, Alexandria, VA 22313-1480
on Feb. 16, 2010
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Date Feb. 16, 2010

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S&H Form: (10/08)

REPLY/AMENDMENT FEE TRANSMITTAL		Attorney Docket No.	1538.1045		
		Application Number	10/766,039		
		Filing Date	January 29, 2004		
		First Named Inventor	Hiroyuki HATTA, et al.		
		Group Art Unit	2163		
AMOUNT ENCLOSED	130.00	Examiner Name	Wilson LEE		
FEE CALCULATION (fees effective 10/02/08)					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	16	- 20 =	0	X \$ 52.00 =	\$ 0.00
INDEPENDENT CLAIMS	3	- 3 =	0	X \$ 220.00 =	0.00
Since an Official Action set an <u>original</u> due date of <u>January 15, 2010</u> , petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$130)); (2 months (\$490)); (3 months (\$1,110)); (4 months (\$1,730)); (5 months (\$2,350)):					\$130.00
If Notice of Appeal is enclosed, add (\$540.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$140.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations =					\$ 130.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
TOTAL FEES DUE =					\$ 130.00
(1) If entry (1) is less than entry (2), entry (3) is "0". (2) If entry (2) is less than 20, change entry (2) to "20". (4) If entry (4) is less than entry (5), entry (6) is "0". (5) If entry (5) is less than 3, change entry (5) to "3".					
METHOD OF PAYMENT					
<input type="checkbox"/> Check enclosed as payment. <input checked="" type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below. <input type="checkbox"/> No payment is enclosed.					
GENERAL AUTHORIZATION					
<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to: Deposit Account No. <u>19-3935</u> Deposit Account Name <u>STAAS & HALSEY LLP</u>					
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.					
SUBMITTED BY: STAAS & HALSEY LLP					
Typed Name	Mehdi D. Sheikerz	Reg. No.	41,307		
Signature	/Mehdi D. Sheikerz/	Date	February 16, 2010		

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